## OFFICE OF THE BUILDING OFFICIAL



Town Of Stonington
152 Elm Street
Stonington, Connecticut 06378
(860) 535-5075 • Fax (860) 535 – 1023

## **DEMOLITION PROCEDURES**

The following is a general list of requirements for the demolition/removal of structures in the Town of Stonington.

In order to apply for demolition permit the following information is required:

- 1. Notification that all public utilities have been disconnected
- 2. Copies of registered/certified mail to adjoining property owners
- Contractor must hold a Certificate of Registration for Demolition issued by the State of Connecticut Department of Public Safety, unless excepted by State Statute Sec. 29-402 c
- 4. Provide a Certificate of Insurance demonstrating the prescribed coverage
- 5. \*Application must be signed by both owner of record and contractor
- 6. When required any safety measures described
- 7. How the accumulated materials will be disposed of (cannot be buried in foundation)
- 8. All permits and procedures for the removal of hazardous waste, i.e. asbestos, lead paint, etc. must be in place with proper waiting periods, copies of inspections and disposal must be submitted to this office. Verification that the Demo/Notification Form has been sent to the State of Connecticut Department of Public Health.
- 9. Any permit taken out in the historical district requires that a waiting period of 90 days is required before issuance of permit. In that time fram the Building Official will publish a legal notice in the local newspaper at lebefore the issuance of a permit is approved.

When the demolition takes place, all requirements of the State Status and Town Ordinances must be followed. Once demolition is inspection of site is completed verifying removal of all material Assessor will be issued describing the structure and the date of remove.	Talk to Jason V CGS 7-1474 PP Z
Signature of property owner * Date	

## TOWN OF STONINGTON

Department of Planning 152 Elm Street Stonington, Connecticut 06378 (860) 535-5095 • Fax (860) 535-1023



CERTIFICATE OF ACTIVITY COMPLIANCE WITH THE STONINGTON ZONING REGULATIONS

Applicant Name:	WHALES IN RE UC.
Contact Number:	MARK SPENANCE (860) 235-0999 AUGUS
Property Owner:	WHACE'S INN RELLC 20 1. MAIN SPREET MYSTIC CT.
Project Location:	WHACE'S INN RE LLC 20 8. MAIN SPREET MYSTIC CT. 1 HAVEY STREET, MYSTIC, LT. 06355 0635
Map/Block/Lot:	182-4-4A
Date:	13 August 2018
Proposed Project:	" DEMO" EXISTILL STRUCTURE
The proposed building permit application involves activity that will be alter the use of the building the footprint or floor area of the building, the number of bedrooms in the building, the number of dwelling units in the building, or the use of the property. I certify that the above information is true and that I have been authorized too sign on behalf of the property owner.  Applicant's Signature  The proposed project complies with the Zoning Regulations of the Town of Stonington and a Building Permit may be applied for. This approval is limited to the proposed project's compliance with the Zoning Regulations of the Town of Stonington, for the type(s) of projects listed above and may not be substituted for any dissimilar projects. This certification is not a valid Zoning Permit or Certificate of a property's zoning compliance.  Property Located in a Flood Zone: Yes:  No:	
Candon il	Folia 8-15-18
Candace L. Palmer, CZ Zoning Enforcement Of	
<ul> <li>THIS APPROVAL IS OFFICIAL.</li> </ul>	NOT VALID UNLESS SIGNED BY THE ZONING ENFORCEMENT

♦ IF THIS PROPERTY IS LOCATED IN A FLOOD ZONE, ALL IMPROVEMENTS COUNT

TOWARDS SUBSTANTANIAL IMPROVEMENT.

THIS APPROVAL IS VALID FOR A PERIOD OF ONE (1) YEAR.